

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000681

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 24

STATE FILE NUMBER

FILED FEB 13 1963

VS.300  
Rev. 4/59

1 0190

2 0190

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9 434.4

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12 90-3

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Line</u>		c. CITY OR TOWN <u>West Line</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>West Line</u>		d. STREET ADDRESS (If outside, give location) <u>West Line</u>	
3. NAME OF DECEASED First <u>GRACE</u> Middle <u>IRVIN</u> Last <u>IRVIN</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 6 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson Co Kansas</u>	
11. BIRTHPLACE (City and state or country) <u>Johnson Co Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Dean W. Irvin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>DEAN W. IRVIN, WEST LINE MO.</u>	
17. INFORMANT <u>DEAN W. IRVIN, WEST LINE MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be "Natural Cause"</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Suffered Apparent heart attack</u> DUE TO (b) <u>Cass Co Coroner Notified</u> DUE TO (c) <u>Cass Co Coroner Notified</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cass Co Coroner investigated</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Unattended by a physician</u>	
20c. TIME OF INJURY Hour <u>2</u> a.m. <u>7-63</u> Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Unattended by a physician</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>West Line</u> COUNTY <u>Cass</u> STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at: <u>unknown</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ray J. Sebra</u> (Degree or title)		22b. ADDRESS <u>Harrisonville Mo.</u>	
22c. DATE SIGNED <u>2-11-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cemetery</u>	
24. LOCATION (City, town, or county) <u>Stanley, Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray J. Sebra</u>		27. FUNERAL DIRECTOR <u>Pennenburg</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Frank E. Runnenbeger 3<sup>d</sup>*

Licensed Embalmer No. 5073

P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.